

Registration District No. **24**

Primary Registration District No. **5762**

Registrar's No. **107**

**FILED SEP 24 1940**

1. PLACE OF DEATH:  
(a) County **Mississippi**  
(b) City or town **Rural-Tywappity township**  
(c) Name of hospital or institution **Charleston, Mo. Rt. 2.**  
(d) Length of stay: In hospital or institution **1 year**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Mississippi**  
(c) City or town **Rural-Tywappity Township**  
(d) Street No. **Charleston, Mo. Rt. # 2**

3. (a) PRINT FULL NAME **Clemen Hampton**  
3. (b) If veteran, name war **X X X**  
3. (c) Social Security No. **X X**

20. DATE OF DEATH: Month **Aug.** day **3rd.**  
year **1940** hour **2** minute **30** P. M.

4. Sex **Male** 5. Color or race **Col.**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife **X X X**  
6. (c) Age of husband or wife if alive **X X** years **29** July 29 1939

21. I hereby certify that I attended the deceased from **Aug 1** 1940 to **Aug 30** 1940  
that I last saw him alive on **Aug 1** and that death occurred on the date and hour stated above.  
Immediate cause of death **Infectious Dysentery** Duration **7 da**

8. AGE: Years **1** Months **0** Days **5**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Charleston Missouri**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation **infant**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business **infant**

12. Name **Jim Hampton**  
13. Birthplace **Charleston, Missouri**

14. Maiden name **Jeanne McGae**  
15. Birthplace **Wolf Island Missouri**

16. (a) Informant **Jim Hampton**  
(b) Address **Rt. 2. Charleston, Mo.**

17. (a) **Burial** (b) Date thereof **8-4-40**  
(c) Place: burial or cremation **Charleston, Mo.**

18. (a) Signature of funeral director **Jair Nunnelee Service**  
(b) Address **Charleston, Mo.**

19. (a) **8-3-40** (b) **J. Stinson**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **745**

23. Signature **De P...ell** (M. D. or other) **1**  
Address **Charleston Mo** Date signed **Aug 40**

MOTHER FATHER

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer N

District File Number 946-

Date Filed 9/3/4

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**